

Social Security

Program Operations Manual System (POMS)

TN 2 (02-04)

SI 04020.030 Developing and Processing SSI Reconsideration Requests

A. Definitions

1. Common issue

A common issue is a single factor of eligibility (e.g., age or disability) which causes a less than favorable determination on two concurrent claims, either of which is being appealed. A common issue is not present if either claim may be denied without consideration of the factor(s) which caused the less than fully favorable determination on the other claim.

2. Mass change

A mass change is a state-initiated change in the level(s), or termination, of federally-administered State Supplementary Payments (SSPs). A mass change is applicable to all recipients of such payments or to categories of such recipients due to, for example, State legislative or executive action.

B. Policy

1. What can be reconsidered

a. Determinations by other agencies

Any determination or decision rendered by a component of, or operating for, SSA can be appealed through SSA administrative appeals process. This includes determinations made by a DDS and determinations made by SSA governing the disbursement of State money (i.e., State supplementary payments) paid through the U.S. Treasury as part of SSI checks pursuant to Federal-State agreements. (See SI 01415.000 for a discussion of policies and procedures regarding federally-administered State supplementary payments.)

b. Mass change

When there is a mass change as defined in SI 04020.030A.2, it is SSA's calculation of the amount of the change in the federally administered SSP that can be reconsidered. The determination to reduce, suspend, or terminate the federally administered SSP cannot be reconsidered because it is determined by the State.

2. Reconsideration of post-eligibility (PE) initial determination

Requests for reconsiderations of PE initial determinations are processed in a manner similar to that used for reconsiderations involving initial determinations rendered on applications (see SI 04020.020C) except for two major operational differences:

- The party requesting reconsideration of a PE initial determination can, if he or she wishes, choose a formal conference as the method of reconsideration, rather than either a case review or informal conference.
- Payment continuation is provided to the claimant appealing a PE initial determination if the request for reconsideration is made within 10 days of receipt of the notice of the initial determination unless the recipient requests otherwise, (see SI 02301.301 for instructions regarding Goldberg/Kelly payment continuation procedures).

As with reconsideration of an application, the decisionmaker must have had no involvement with the initial determination.

NOTE: See DI 12026.000 for medical cessations and favorable initial and reconsidered determinations revised due to medical reasons - Title II and Title XVI.

C. Procedure—same claim at different levels of adjudication

If a title XVI disability application is denied for nondisability reasons but is then reversed at the reconsideration level, the FO will notify the claimant that the claim needs further review by another office before forwarding the claim to the DDS. (There is no initial determination sent at this point.) If the medical is denied, the DDS sends the denial notice with appeal rights. The FO will then notify the claimant about the determination on the non-medical with appeal rights. See SI 00603.011 for further information on adjudicating a claim that requires a disability determination to decide eligibility after a favorable reconsideration determination.

D. Process— multiple claims situations

1. New Claim Filed When Appeal Pending at Reconsideration—Different Titles

a. Common issues

Claims with common issues usually are consolidated and escalated to the same level of appeal.

(1) Medical

Follow DI 12045.010 for special handling of concurrent disability claims sharing a common issue. If a concurrent claim is filed and the title XVI claim is denied for excess resources, the title II claim is forwarded to the DDS.

When a title XVI application is escalated to the reconsideration level at the DDS because a common issue exists, the title XVI application **is not an appeal** and should not be input on MSSICS as an appeal.

(2) Nonmedical

With few exceptions, the common issue is the claimant's date of birth. The FO can process both issues, e.g., the title II appeal (through MCS) and the title XVI claim with respect to the common issue.

b. Differing issues

If the issues differ, the two claims will be processed independently of each other.

2. New claim filed when appeal pending—same title

When the pending appeal and new claim are the same title and share a common issue, the new claim is treated as a duplicate and associated with the pending appeal.

NOTE: Before accepting a new disability application or processing additional evidence from a claimant who has a disability claim pending at any level of administrative review, see DI 51501.001 – Procedural Change for Subsequent Disability Applications, DI 51501.005 - Claimant Requests to File a New Disability Application, and DI 51501.015 - Claimant Submits Additional Evidence.

3. Notices

Prepare a notice of the initial determination based on the non-disability factors of eligibility using Form SSA-8166-U2 (Important Information).

- If the determination is an allowance, follow the format for Form SSA-8025-U2 (SSI Payment Decision).
- If the determination is an allowance with periods of ineligibility, again follow the format for a Form SSA-8025-U2. Include a detailed explanation for the periods of ineligibility.
- If the determination is being denied, follow the format for Form SSA-8030-U2 (SSI Notice of Disapproved Claim). If the claimant is disabled but ineligible for other reasons, include paragraph 1407 ([NL 00804.200](#)) and give a detailed explanation why the claimant is ineligible despite a DDS favorable reconsidered determination.

E. Process—appeal of federally administered state supplementary payments

1. If you do not have access to state criteria for supplementation

In these cases, follow regionally defined procedures or contact the regional office for assistance. (See [SI 01405.000](#) for information and instructions on federally-administered State supplementation plans.)

2. If state countable income special needs information is available

Use normal procedures for any request for reconsideration. See [SI 04020.020C](#).

3. In all cases

Use Form SSA-561-U2, and ask the claimant for any information he or she may have to support his or her disagreement with the initial determination.

4. If a claimant wants an explanation of a determination

- Give an oral explanation just as you would for a Federal determination.
- If the explanation does not satisfy the claimant, and he or she requests a reconsideration, contact the State office (or other source) which provided the information on which the initial determination was based and verify that information.
- Use regional or local procedures to make the contact. When the information is received or verified, follow the normal procedures for rendering the reconsidered determination.

F. Procedure--continuation of payments in PE cases

Take whatever action is necessary to effect payment continuation if:

- In medical cessation cases, a request for reconsideration and a request for payment continuation are received within 10 days after receipt of the disability determination, see DI 12027.008 — DI 12027.020, and
- In Goldberg/Kelly cases, the appeal request is filed within 10 days after receipt of the notice, see SI 02301.301.

NOTE: The 10-day timeframes can be extended if good cause for late filing is established.

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